

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101594140

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3	2		1				
4	2		1				
5	2		1				
6	2		1				
7	2		1				
8	2		1				
9	2		1				
10	1		1				
11	1		1				
12	2		1				
13	2		1				
14	2		1				
15	2		1				
16	2		1				
17	2		1				
18	2		1				
19	1		1				
20	1		1				
21	1		1				
22	1		1				
23	1		1				
24	1		1				
25	2		1				
26	2		1				
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31	2		1				
32	1		1				
33	1		1				
34	2		1				
35	2		1				
36	2		1				
37	2		1				
38	2		1				
39	2		1				
40	2		1				
41	1		1				
42	1		1				
43	1		1				
44	1		1				
45	1		1				
46	1		1				
47	1		1				
48	1		1				
49	1		1				
50	1		1				
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51	1		1				
52	1		1				
53							
54							
55							
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90							
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92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.	16		16				
TOTAL DEP.	64		36				
TOTAL CLAIMS	86		52				